

Procter & Gamble - I.P. Division

APR 25 2005

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FACSIMILE TRANSMITTAL SHEET AND

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

TO: Examiner Gregory R. DeICotto – United States Patent and Trademark Office

Fax No. (703) 872-9306 **Phone No. (571) 272-1312**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on April 25, 2005 to the above-identified facsimile number.

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FROM: Mark A. Charles (Typed or printed name of person signing Certificate)

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Listed below are the item(s) being submitted with this Certificate of Transmission:**

Number of Pages Including this Page: 13

1) Fee Transmittal (original + 1 copy)

Inventor(s): Price et al.

2) Amendment (3 pages)

S.N.: 09/885,697

**3) Petition for Revival of an Application for Patent
Abandoned Unintentionally Under 37 CFR
1.137(b) (original + 1 copy)**

Filed: June 20, 2001

4)

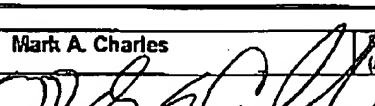
Case: 8188M

Comments:

****Note: Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.**

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|--|---------------------|----------------------|----------------------|
| FEET TRANSMITTAL for FY 2005 Patent fees are subject to annual revision. Effective December 8, 2004 | | Complete if Known | |
| | | Application Number | 09/885,897 |
| | | Confirmation Number | 4264 |
| | | Filing Date | June 20, 2001 |
| | | First Named Inventor | Kenneth Nathan Price |
| | | Examiner Name | Gregory R. DelCotto |
| | | Art Unit | 1751 |
| TOTAL AMOUNT OF PAYMENT (\$) | 1,500.00 | | |
| | Attorney Docket No. | 8188M | |

| METHOD OF PAYMENT | | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------------------------|-------------|---|-------------------|-------------|---|----------|--|--|--|----------------------------------|--|------------------------------------|--|---|--|------------------------------------|--------------------------------------|----------------------------------|---|----------------------------------|---|----------------------------------|---------------------------|----------------------------------|---|----------------------------------|--|----------------------------------|--------------------------|------------------------------------|---|------------------------------------|---|---------|---------|---------|---------|--|---|--|---|------------------------|--|--|--|--|--|--|
| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company | | | 5. ADDITIONAL FEES <table> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td> <td>(\$120) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td>(\$450) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td>(\$1,020) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td>(\$1,590) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td>(\$2,160) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (c) Missing Parts (provisional)</td> <td>(\$350) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,000) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,370) <input type="checkbox"/></td> </tr> <tr> <td>Other: <u>Petition for Revival of an Application For Patent</u></td> <td colspan="2"></td> </tr> <tr> <td colspan="3"></td> <td>Abandoned Unintentionally Under 37 CFR 1.137(b) <input checked="" type="checkbox"/></td> <td colspan="2"></td> </tr> </tbody> </table> | | | Fee Description | Fee Paid | Extension for reply within 1 st month | (\$120) <input type="checkbox"/> | Extension for reply within 2 nd month | (\$450) <input type="checkbox"/> | Extension for reply within 3 rd month | (\$1,020) <input type="checkbox"/> | Extension for reply within 4 th month | (\$1,590) <input type="checkbox"/> | Extension for reply within 5 th month | (\$2,160) <input type="checkbox"/> | Information Disclosure Statement fee | (\$180) <input type="checkbox"/> | 37 CFR 1.16(e) Late Oath/Declaration (nonprovisional) | (\$130) <input type="checkbox"/> | 37 CFR 1.17 (c) Missing Parts (provisional) | (\$350) <input type="checkbox"/> | Non-English specification | (\$130) <input type="checkbox"/> | Notice of Appeal | (\$500) <input type="checkbox"/> | Filing a brief in support of an appeal | (\$500) <input type="checkbox"/> | Request for oral hearing | (\$1,000) <input type="checkbox"/> | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,370) <input type="checkbox"/> | Other: <u>Petition for Revival of an Application For Patent</u> | | | | | | Abandoned Unintentionally Under 37 CFR 1.137(b) <input checked="" type="checkbox"/> | | | | | | | | | |
| Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Extension for reply within 5 th month | (\$2,160) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Information Disclosure Statement fee | (\$180) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 37 CFR 1.17 (c) Missing Parts (provisional) | (\$350) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-English specification | (\$130) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2. BASIC FILING FEE - Large Entity <table> <thead> <tr> <th>FILING</th> <th>SEARCH</th> <th>EXAMINATION</th> <th></th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th></th> </tr> </thead> <tbody> <tr> <td>Application</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Type</td> <td></td> <td></td> <td>Fee Paid</td> </tr> <tr> <td>Utility</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$200)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td>(\$200)</td> <td>(\$100)</td> <td>(\$130)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td>Reissue</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$600)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td>Provisional filing fee</td> <td></td> <td></td> <td>(Total = \$200) <input type="checkbox"/></td> </tr> </tbody> </table> | | | FILING | SEARCH | EXAMINATION | | Fee | Fee | Fee | | Application | | | | Type | | | Fee Paid | Utility | (\$300) | (\$500) | (\$200) | | | | (Total = \$1000) <input type="checkbox"/> | Design | (\$200) | (\$100) | (\$130) | | | | (Total = \$430) <input type="checkbox"/> | Reissue | (\$300) | (\$500) | (\$600) | | | | (Total = \$1400) <input type="checkbox"/> | Provisional filing fee | | | (Total = \$200) <input type="checkbox"/> | 3. APPLICATION SIZE FEE: Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$0) | | |
| FILING | SEARCH | EXAMINATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee | Fee | Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type | | | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility | (\$300) | (\$500) | (\$200) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | (Total = \$1000) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design | (\$200) | (\$100) | (\$130) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | (Total = \$430) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue | (\$300) | (\$500) | (\$600) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | (Total = \$1400) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional filing fee | | | (Total = \$200) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table> <thead> <tr> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) | | | Extra Claims | Fee from Below | Fee Paid | Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/> | | | SUBTOTAL (4) (\$0) SUBTOTAL(5) (\$1500) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extra Claims | Fee from Below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|---------------------|---|--------------------------------------|--------|--------------------------|
| SUBMITTED BY | | Complete (if applicable) | | |
| Name (Print/Type) | Mark A. Charles | Registration No. (Attorney/Agent) | 51,547 | Telephone (513) 627-4229 |
| Signature |  | | Date | April 25, 2005 |

 This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to be) derived by an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FeeTrans.doc (Revised for P&G use 12/14/2004)

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| FEET TRANSMITTAL for FY 2005 Patent fees are subject to annual revision. Effective December 8, 2004 | | Complete If Known | |
| | | Application Number | 09/885,697 |
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| | | First Named Inventor | Kenneth Nathan Price |
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| TOTAL AMOUNT OF PAYMENT (\$) 1,500.00 | | Attorney Docket No. | 8188M |

| METHOD OF PAYMENT | | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------------------------|-------------|---|-------------------------------------|-----------------|---|--|----------------------------------|--|----------------------------------|--|--|--|------------------------------------|--|------------------------------------|--------------------------------------|----------------------------------|---|----------------------------------|---|---------------------------------|---|----------------------------------|------------------|----------------------------------|--|----------------------------------|--------------------------|------------------------------------|---|------------------------------------|---|--------------------------|---------|---------|---------|---------|---|-------------------------------------|--|--|------------------------|--|--|--|---|--|
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| Other: <u>Petition for Revival of an Application For Patent</u> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Abandoned Unintentionally Under 37 CFR 1.137(b) | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. BASIC FILING FEE - Large Entity <table> <thead> <tr> <th>FILING</th> <th>SEARCH</th> <th>EXAMINATION</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td><u>Fee</u></td> <td><u>Fee</u></td> <td><u>Fee</u></td> <td></td> </tr> <tr> <td colspan="3">Application</td> <td>Fee Paid</td> </tr> <tr> <td>Type</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Utility</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$200)</td> </tr> <tr> <td colspan="4" style="text-align: right;">(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td>(\$200)</td> <td>(\$100)</td> <td>(\$130)</td> </tr> <tr> <td colspan="4" style="text-align: right;">(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td>Reissue</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$800)</td> </tr> <tr> <td colspan="4" style="text-align: right;">(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td colspan="3">Provisional filing fee</td> <td>(Total = \$200) <input type="checkbox"/></td> </tr> </tbody> </table> | | | FILING | SEARCH | EXAMINATION | Fee | <u>Fee</u> | <u>Fee</u> | <u>Fee</u> | | Application | | | Fee Paid | Type | | | | Utility | (\$300) | (\$500) | (\$200) | (Total = \$1000) <input type="checkbox"/> | | | | Design | (\$200) | (\$100) | (\$130) | (Total = \$430) <input type="checkbox"/> | | | | Reissue | (\$300) | (\$500) | (\$800) | (Total = \$1400) <input type="checkbox"/> | | | | Provisional filing fee | | | (Total = \$200) <input type="checkbox"/> | 3. APPLICATION SIZE FEE: Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$10) | |
| FILING | SEARCH | EXAMINATION | Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Fee</u> | <u>Fee</u> | <u>Fee</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application | | | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility | (\$300) | (\$500) | (\$200) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Total = \$1000) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design | (\$200) | (\$100) | (\$130) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Total = \$430) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue | (\$300) | (\$500) | (\$800) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Total = \$1400) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional filing fee | | | (Total = \$200) <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table> <thead> <tr> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) | | | Extra Claims | Fee from Below | Fee Paid | Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/> | | | SUBTOTAL (4) (\$10) SUBTOTAL(5) (\$1500) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extra Claims | Fee from Below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---------------------|---|--------------------------------------|--------|--------------------------|
| SUBMITTED BY | | Complete if applicable | | |
| Name (Print/Type) | Mark A. Charles | Registration No. (Attorney/Agent) | 51,547 | Telephone (613) 627-4229 |
| Signature |  | | Date | April 25, 2005 |

 This collection of information is required by 37 CFR 1.17. The information is required to be filed with the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
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